PART B - FEE(S) TRANSMITTAL

Complete and and this forth, together with app			P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885				
INSTRUCTIONS This fo appropriate. All further con indicated unless corrected	rm should be used for transcreeponders including the leaders are cred otherwise	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and ders and noti) specifying	PUBLICATION FEE (if required fication of maintenance fees to a new correspondence address	nired). Blocks 1 through 5 sl will be mailed to the current ; and/or (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE	DE ADDRESS (Note: Use Block 1 for 590 10/06/2005	any change of address)		Note: A certificate of	mailing can only be used for nis certificate cannot be used al paper, such as an assignment to of mailing or transmission.	or domestic mailings of the	
Pandiscio & Pand 470 Totten Pond R Waltham, MA 021	coad 54			I hereby certify that t States Postal Service	rtificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (571) 273-2885, on the c	g deposited with the United st class mail in an envelope	
01/11/2006 CNGUYEN1 00000 01 FC:2501	700.00 DP			Margaret M 01/06/6006		(Depositor's name) (Signature) (Date)	
			PID CT NIAL CE		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO. 10/623,678	97/21/2003	L		D INVENTOR Carnahan	NANO-6	5076	
APPLN. TYPE	APPARATUS AND METHO	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	01/06/2006	
EXA	EXAMINER		(IT	CLASS-SUBCLASS]		
BERRY, RENEE R		2818		438-780000	_		
1. Change of correspondence address or indication of "Fee Address CFR 1.363). ☐ Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth	D RESIDENCE DATA TO I as an assignee is identified b in 37 CFR 3.11. Completion	BE PRINTED ON relow, no assignee of this form is NO	THE PATEN data will ap T a substitute	T (print or type) pear on the patent. If an assignment.	gnee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	NEE	(I	B) RESIDEN	CE: (CITY and STATE OR C	OUNTRY)		
NanoLab, Inc			lewton,		Corporation or other private g	artitu D.Governmen	
Please check the appropria 4a. The following fee(s) ar	te assignee category or categ		b. Payment o	<u> </u>	Corporation or other private g	roup entity Covernment	
Issue Fee			A check	in the amount of the fee(s) is			
				☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0221 (enclose an extra copy of this form).			
Advance Order - #			Deposit Ac	count Number 16-0221			
	is (from status indicated above SMALL ENTITY status. See		□ b. Appl	icant is no longer claiming SM		ciencies) CFR 1.27(g)(2).	
The Director of the USPTONOTE: The Issue Fee and interest as shown by the re	O is requested to apply the Is. Publication Fee (if required) cords of the United States Pa	sue Fee and Publica will not be accepted tent and Trademark		any) or to re-apply any previous other than the applicant; a re			
Authorized Signature _	Mangani	1 M	f	Date01	/06/2006		
Typed or printed name Margaret M. Slezak			Registration No. 55,625				
This collection of informa an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 CFR 1 ality is governed by 35 U.S. application form to the USP ms for reducing this burden, reinia 22313-1450. DO NO 3-1450.	311. The informatic. 122 and 37 CFR TO. Time will var should be sent to the SEND FEES OR	ion is require 1.14. This c y depending he Chief Info COMPLETE	d to obtain or retain a benefit be offection is estimated to take I upon the individual case. Any mation Officer, U.S. Patent and D.FORMS TO THIS ADDRE offection of information unless	y the public which is to file (a 2 minutes to complete, include comments on the amount of ad Trademark Office, U.S. De SS. SEND TO: Commissione it displays a valid OMB control of the con	and by the USPTO to process ling gathering, preparing, an time you require to complete epartment of Commerce, P.C. or for Patents, P.O. Box 1456 rol number.	